

HOUSING APPLICATION

Public Housing (please circle)

Section 8



Hagerstown Housing Authority
 35 West Baltimore Street
 Hagerstown, MD 21740

Equal Housing Opportunity

Section 8 S8 Points: _____ Resident: _____ Enter by: _____
 Public Housing PH Points: _____ Working: _____ Credit Ck: _____
 Other: _____ NCIC: _____ Elderly: _____ L/L Reference: _____
 SOR: _____ Fingerprints: _____ Job Training: _____ Eligible (Y/N) _____
 JIS: _____ Debts Due: _____ Reasonable Acc: _____ Wait Letter: _____
 Client Number: _____

I. HOUSEHOLD INFORMATION		Relationship to Head of Household	Social Security Number	Disabled Or Handicapped? Yes/No	Sex M or F	Race 1-White 2-Black 3-Am Indian/Alaska Native 4-Asian/Pac. Islander	Hispanic Yes/No	Age	Birth Date	Place of Birth	U.S. Citizen? Yes/No
Beginning with yourself, list the people who live with you: <i>Important! List below the complete and full names of the people who will be living with you, including any children in temporary foster care. First Name, Middle Name, Last Name, Jr., Sr., Maiden Name and any Nicknames</i>	Head										
Spouse or Mate	/ /										
Family Member	/ /										
Family Member	/ /										
Family Member	/ /										
Family Member	/ /										
Family Member	/ /										

Is anyone in your household pregnant? Yes ___ No ___ Due Date? _____ Who? _____ What is your marital status? (Circle one) Single Married Separated Divorced Widowed(or)

II. CURRENT RESIDENCY

Street Address: _____ City _____ State _____ Zip Code: _____
 Mailing Address (if different from above): _____ City _____ State _____ Zip Code: _____
 Telephone Numbers Home _____ Work _____ Other _____ Name of Other: _____
 Monthly Rent Amount \$ _____ Monthly amount of Utilities you pay (excluding phone and cable): \$ _____ Do you owe any electric utilities? Yes ___ No ___
 Date you moved in _____ Do you wish to remain in your present housing? Yes ___ No ___ If no, your reason to leave? _____
 Landlord Name _____ Landlord's telephone number: _____
 Emergency Contact/Relationship _____ Address _____ Telephone Number: _____
 Name of Caseworker or Counselor _____ Agency Name _____ Telephone Number: _____
 (if appropriate)

III. RESIDENCY - continued List all address(es) where you have lived for the past three years:	Date Moved In	Date Moved Out	Landlord Name, Address and Telephone Number (if you owned the home, indicate "Owner")	Section 8 or Public Housing? Yes/No	Rent Amount

IV. EMPLOYMENT INCOME Name of household member:	Employer Name and Address	Date Employment Began	Hours per week	Gross amount of each check (List gross check before taxes and deductions or list hourly rate)	How often are you paid? (weekly, every 2 weeks, monthly, or number of hours per week)

V. ALL INCOME OTHER THAN EMPLOYMENT (Including Child Support) Name of household member with income:	Source of Income (please list all sources of money other than employment income)	Gross Amount	How often do you receive this amount? (weekly, every two weeks, monthly, etc.)

Do you anticipate any changes in your families income? Yes ___ No ___ If yes, explain:

VI. EXPENSES:	Providers Name & Address	Amount Paid
Child Care (only applies if you are in school or working)		
Medical Expenses (only applies to elderly or disabled)		
Disability Expenses (to enable family member to work)		

VII. ASSETS	Name of household member with assets:	Description of Assets (checking/savings accounts, certificates of deposit, stock or bonds, real estate, etc.)	Amount or Value	Name of Bank

VIII. LICENSE & VEHICLES	List for all household members:	Driver's License or ID Number State Issued / Expiration Date	Vehicle Make / Model / Year / Tag Number

IX. MISCELLANEOUS

A. Have you or any members of your household ever been charged of a crime? Yes ___ No ___ (Note: Criminal background checks will be conducted and you may be required to be fingerprinted)

If yes, list charge(s) _____ Date charged _____ City/State: _____

B. Have you ever-lived in Public Housing, Section 8 Housing or any other assisted housing? Yes ___ No ___

If yes, where? _____ When? _____

C. Have you ever been evicted from Public or Assisted Housing? Yes ___ No ___

If yes, explain: _____

D. Do you have any pets? Yes ___ No ___ If yes, how many and type? _____

A. Who referred you to the Hagerstown Housing Authority? _____

B. Date **Head of Household** Last Employed _____ Place of Employment: _____

G. Date **Other Adult Members** Last Employed _____ Place of Employment: _____

X. PREFERENCES (PLEASE COMPLETE ALL QUESTIONS THOROUGHLY SO THAT YOUR PREFERENCE POINTS CAN BE VERIFIED)

RESIDENCY

Yes No Do you currently work, or have been hired to work in Washington County, Maryland? If yes, date hired: _____
Employer's Name & Address: _____

Yes No Do you currently reside in a homeless shelter or facility? If yes, name of shelter: _____ (Written Documentation Required).

PERSONS WITH DISABILITIES

Yes No Do you or any member of your household have a disability? If yes, who? _____

Yes No If you answered yes to the above, do you or any member of your household receive SSI (Social Security Income) or SSD (Social Security Disability)?

Yes No If SSI or SSD is not received, have you or any member of your household been certified by a physician as having a disability? If yes, provide the following:

Name of Physician: _____ Address: _____

Yes No Have you been diagnosed with a terminal illness? If yes, provide the following:

Name of Physician: _____ Address: _____

Yes No Do you or any family member need handicapped accessible housing? (i.e. ramps, hearing impaired smoke detector, etc) If so, please explain _____

SELF-SUFFICIENCY/JOB TRAINING

Yes No Is the head of the household or co-applicant in a full-time accredited college program, or actively participating in a local self-sufficiency, job training, job search or work experience program?

Date started: _____ Name of Program: _____

Caseworker/Counselor Name & Address: _____

PLEASE READ THE FOLLOWING CAREFULLY

I do hereby certify that all information provided in this housing application is complete and accurate to the best of my knowledge. Authorization is granted to verify the information in this application. I authorize any person, partnership, corporation, association or governmental agency, including the Washington County Department of Social Services, possessing information on such matters to release such information to the Housing Authority (HA), and I release and save harmless the respective respondent. I understand that a wage and benefit check may be made through the Department of Labor, Licensing & Regulation and that a criminal background check may be conducted. Authorization is also granted to check with federally-assisted housing agencies to determine if any debt is owed.

Applicant Signature _____

(SEAL)

Date _____

Co-Applicant Signature _____

(SEAL)

Date _____

It is a criminal offense under Section 33(e) of the United States Criminal Code and punishable by up to 10 years imprisonment, \$10,000 fine, or both, to make false statements or representation to any department or agency of the United States as to any matter within their jurisdiction.

Interviewer Signature _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD-92006 (05/09)